STATEMENT OF

FORM 1	ORGANIZA (See instructio			Office use only
NAME OF COMMITTEE (in the community of the community	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
Dold for Cong	ress 			
ADDRESS (number and s (Check if address is changed)	street)		<u> </u>	60093 8145
COMMITTEE'S E-MAI (Check if address is changed)	L ADDRESS (Please provide only one e- cmarston@nrreports		STATE.	ZIP CODE ▲
COMMITTEE'S WEB (Check if address is changed)	PAGE ADDRESS (URL) www.doldforcongres	ss.com		
 DATE M M M M M M M M M M M M M M M M M M M	25 2011 TION NUMBER	C C00465971 X AMENDED (A)		
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Signature of Treasurer NOTE: Submission of fal	Electronically Filed by Chris Mar se, erroneous, or incomplete information may ANY CHANGE IN INFORMA		Date 0 5	25 2011 es of 2 U.S.C. §437g.
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